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ABSTRACT

Although educational technology in health care institutions has developed considerably, there is still a lack of communication between the technologists and those who are directly involved in the learning process. Educators often view educational technology as a threat and the learners view it as an inconvenience. When new methods are used, they are often used improperly, without searching for adequate methods in which media can conform to the present teaching techniques to enhance learning. Communication must be improved between technologists and the users, and this involves an understanding of the educational tradition and the designing of systems that will fit existing teaching methods. (DS)

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WHO KNOWS WHAT THE USERS WANT?

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Hello! I Can't Hear You!

(NAEB TITLE - WHO KNOWS WHAT THE USERS WANT)

Albert Einstein once said, "Perfection of means and confusion of goals seem to characterize our age." To offer a direct example, the University of Connecticut Health Center is well equipped with communications equipment and systems. We are steadily adding to the growing New England network of interactive television links, and we produce instructional materials for many levels of the health community. We pride ourselves on being conversant in the language of educational development and communications methods, and tens of thousands of dollars have been expended to develop a tangible reflection of our resource potential.

Yet the system is flawed because its participants cannot, so far, communicate well with each other, and we technologists bear a large measure of the blame.

Based on a tradition of teaching principle which antedates communications technology by hundreds of years, the educator views our entry onto his territory as threatening and demanding of justification. We, in turn, glibly dismiss his concern by announcing that the educator may think he knows what communications support he WANTS, but he seldom knows what he NEEDS. The truth of the matter is that we may not know what he needs either!

As self-appointed advisors, we lack formal skills for extracting valid concepts of need from our clients. Instead, we usually impose our personal notions, with no better guidelines

than an awareness of what's already been done, often viewed selectively with respect to effectiveness. Worst of all, once the systems have been designed and built, we typically move on (intellectually and occupationally) before the systems are fully operational under the client's control. Considering the record of costly investments in equipment which are underutilized or completely unused, one will have to concede the existence of basic problems in defining expectations and providing adequate followthrough.

We have convinced ourselves that we make positive efforts to elicit developmental guidance and feedback from our users. Yet, our links and data banks and production centers are frankly underutilized. When they are used, they are inappropriately by instructors who persist in forcing traditional teaching techniques through unadaptable systems. Through a gap in preparation or understanding, the users continue to be resistant to the subtly pervasive changes they will have to make in their own attitudes, in order to use the systems properly.

Somewhow, we are unable to persuade the client to invest the non-monetary effort which is required for the effective use of the communications systems we insist on building. Perhaps we don't even try, because we are reluctant to admit the effort will be costly. Because the users are not provided with realistic expectations, and because our understanding of need is based on distorted premises, problems and failures are bound to occur. Sideband facsimile capability lies fallow because the user (who insisted that document transfer would be essential back in the

planning stages) now realizes that he prefers to drive to the library where he can browse. Two way television links which allow spontaneous consultation, telediagnosis, and remote supervision of complicated procedures, are actually used to transmit classical lectures and seminars which can't commence unless a blackboard is available. We know that adult learners comprehend and retain more information when it is delivered in response to a timely problem. Yet elements of information continue to be packaged in passive, arbitrary units. We dramatize obviously synthetic problems and fabricate solutions, almost always within an arbitrary time frame, and put them up for sale so they can be used "conveniently". The real world isn't like that. Harrassed physicians and technicians are forced to leave the real learning arena of shifting, authentic problems and withdraw to an arbitrary milieu of scheduled lectures and packaged continuing education. Education by subscription and schedule results in the force feeding of out-of-context information to an otherwise preoccupied learner group. The situation is particularly absurd because we have the technology to administer problem-oriented education without any constraints of time or space!

Why then, do we use two way television between actual health care institutions to carry scheduled lectures on arbitrary topics? While there may be a reduction in travel time and faculty commitment, by simply pushing the same product through a new mode there is probably no measurable improvement in education.

As planners, we overlook the inherent conservatism of the medical faculty or dismiss it as a constraint to "enlightened" technological progress. We ignore the client's (and our own) inability to project valid needs input before the fact. We team up with the progressive enthusiast or the recipient of a big grant.

We develop systems which have their own inherent logic, and which may vary considerably from what is really needed by client or his institution. We work to convince ourselves that the development has been a shared process with the client, which it usually isn't, because the client is generally incapable of rationally forecasting his needs or knowing what to expect.

Indeed, we find that most design decisions are finally entrusted to us, more by abdication than proven merit. In our desire to build we assume an expert role which actually stifles input. The clients who ratify our designs often move on before the systems are ready to be used, and we seldom update or orient their successors. We even use a language which is alien to the humanist academician.

We must learn how to communicate better with our clients. Part of this involves understanding the educational tradition better, and designing systems which fit existing methods, rather than denying or operating in spite of them. The behavior of teachers and learners is pervasive, it is real, and it is not amenable to rapid change. As long as we do so little to inform our clients, and then dismiss the need for staying on to reinforce

the critical adjustments in behavior and attitude which will enable them to fully utilize new communications modalities, our successes will continue to be accidental, rather than the norm.